



## KENTUCKY BOARD OF HOME INSPECTORS

P.O. Box 1360, Frankfort, Kentucky 40602 or  
911 Leawood Drive, Frankfort, Kentucky 40601  
(502) 564-3296  
<http://bhi.ky.gov>  
KBHI-5

### APPLICATION FOR CONTINUING EDUCATION COURSE

#### **INSTRUCTIONS**

1. Type or print legibly and complete this application in its entirety and submit at least 45 days in advance of the course expiration, if applicable.
2. No additional fee is due for any courses being provided by an approved Continuing Education Provider.
3. Attach additional pages if more space is needed to provide information.
4. Reference and comply with KRS 198B.724 and 815 KAR 6:080.
5. This completed application may be submitted to the Kentucky Board of Home Inspectors by mail to P.O. Box 1360, Frankfort, KY 40602 or by delivery to 911 Leawood Drive, Frankfort, Kentucky 40601.

#### **APPLICANT INFORMATION**

|                  |       |          |                 |      |
|------------------|-------|----------|-----------------|------|
| Name of Provider |       |          |                 | Date |
| Street Address   |       |          |                 |      |
| City             | State | Zip Code | Telephone       |      |
| Email Address    |       |          | Website Address |      |

#### **COURSE INSTRUCTORS**

Please include a curriculum vitae for each instructor listed below.

|    |    |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |



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1. **Statement of Objectives:** Each provider shall have learning objectives and these should be made known to potential enrollees in your advertisements. How are you going to meet this requirement?

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2. **Responsible Person(s) for Education:** Who within your organization will be developing and implementing your educational program? What are the credentials of this person or people?

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3. **Maintenance of Records:** It is required that providers maintain records for those who complete courses for a minimum of three (3) years. How do you propose to accomplish this?

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4. **Facilities:** It is required that courses be administered in an environment conducive to learning. Where do you anticipate that you will be conducting these courses?

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5. **Program Evaluation:** It is required that some sort of tool is available for course enrollees in which they can measure the quality and effectiveness of the course. How will you insure that the course evaluation is adequate? If you have already created an evaluation form, please attach that form to this application.

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- 6.. **Course Completion Record:** It is required that course enrollees who successfully complete the course are given some tangible record of their attendance and completion. How will you provide this? If you have already created a certificate of completion, please attach a copy to this application.

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### APPLICANT AFFIRMATION

\_\_\_\_\_ (Initial) I am not in default of any student loans backed by the Kentucky Higher Education Assistance Authority (KHEAA). I understand that if I am in default of any student loans backed by the KHEAA, I cannot receive a Kentucky Home Inspector license at this time.

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct. That all required documentation is attached. I further authorize the Kentucky Board of Home Inspectors to investigate and confirm the information submitted in this application.

Signature of Applicant

Date

### AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and direct any person, firm, officer, corporation, association, organization, or institution to release to the Kentucky Board of Home Inspectors, any files, documents, records, or other information pertaining to the named individual or organization requested by the Board or any of their authorized representatives, in connection with processing this application for approval of an organization to provide continuing education courses.

I hereby release the aforementioned persons, firms, corporations, associations, organizations, and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Kentucky Board of Home Inspectors to disclose to the aforementioned organizations, persons, and institutions, any information, which is material to this application, and I hereby specifically release the Board or its representative, from any and all liability in connection with such disclosures.

**I also agree to periodic monitoring of our programs at the discretion of the Kentucky Board of Home Inspectors.**

**I also acknowledge and understand that any information provided in this application that is found to be fraudulent, will be used to deny the application or if registration has been issued, revocation or suspension of the registration.**

A photostatic copy of this authorization for release of information has the same force and effect as the original.

Signature of Applicant

Date